## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name TACO BELL NO. 31510  Address 2563 CHARLESTOWN ROAD, NEW ALBANY IN 47150  Owner C&M SMITH RESTAURANTS, INC  Owner's Address						Telephone Number  Est 812/948-8861  Own 812-945-9810  Purpose  X Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	Date of Inspection 10/07/2020 Follow Up	ID#  Released 10/17/2020
SWILL'S AUTUSS 5140 CHARLESTOWN RD NEW ALBANY, IN 47150-  Person in Charge JOSH SEISCO  Responsible Person's Email RS031510@TACOBELL.COM  Certified Food Handler JOSH SEISCIO							Menu Type 1 2 _X 3 4 5	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
ection # C NC R Narrative To Be Corrected								orrected
245 392 297 422 430	X X X X		Observed wiping Observed dumps Observed mold a Observed emplo	g rags allowed to deter to be left open fround drive-thru s yee apron discarde g tile next to break	soda nozzle ed on BOH	es. storage.	CORRECTORREC	CTED CTED CTED CTED
Summary of Violations C 0 NC 5 R 0								
Received by (name and title printed):  JOSH SEISCIO						Inspected by (name and title printed):  A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):						Inspected by (signature):		
cc:				cc:			cc:	